



## PHONOGRAPH MACHINE PREMISES LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)

**LICENSE PERIOD:** July 1 thru June 30, Annually

**APPLICATION:** City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202, telephone (414) 286-2238.

**LICENSE FEE:** The \$50.00 license fee, **must be submitted with application.** Checks should be made payable to the City of Milwaukee. If you own the phonograph on the premises, you will need to purchase a tag for this machine, submit an additional \$20.00 for the tag fee.

**SIGNATURES:** Notarized signature of the individual, all partners, the agent, president, and secretary of the corporation, or the agent and all members of a LLC are required.

**REQUIREMENTS:**  
Applicants must be 18 years of age or older.

Good professional character. A person who has been convicted of any felony, misdemeanor or other offense, the circumstances of which substantially relate to this type of business, in this state or any other state, may be ineligible for a license.

A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1<sup>st</sup> floor, (414) 286-8211, <http://www.mkedcd.org/build/pdfs/occcert.pdf>.

If there is a coin-operated amusement machine on the premises, you must also apply for an Amusement Machine Premises License.

**GRANTING:** After recommended approval by the Utilities and Licenses Committee, licenses are granted by the Common Council at regularly scheduled meetings, which are usually held once a month. It generally takes about (5) to (6) weeks to process an application provided you follow the above instructions in a timely manner. Please note that no meetings are held during the month of August.

**REPORT CHANGES:** Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 10 days of the change.

ORDINANCES GOVERNING PHONOGRAPH MACHINE PREMISES ARE LOCATED IN SECTION 107-13 OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE <http://www.ci.mil.wi.us/ctygov/council/isysintro.htm> or purchased from the Legislative Reference Bureau in City Hall, Room B-11.



**City  
of  
Milwaukee**

## PHONOGRAPH PREMISES LICENSE APPLICATION

ccl-151a (12/03)

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)  
☐ Corporation or LLC (Fill out Section B, C, & D)

|                  |   |  |  |
|------------------|---|--|--|
| <b>Section A</b> | <b>INDIVIDUAL OR PARTNERSHIP:</b>                                     |  |  |
|                  | Full Name (Last, First & Middle Initial)                              |  |  |
|                  | Home Address (include City, State, Zip Code):                         |  |  |
|                  | Length of residency:  |  |  |
|                  | Home Phone Number: (    )    -  |  |  |
| <b>Section B</b> | Date of Birth:  |  |  |
|                  | Business Name:  |  |  |
|                  | Business Phone Number:<br>(    )    -                                 |  |  |
|                  | Business Address (include City, State, Zip Code):                     |  |  |
|                  | Mailing Address (if different from above address):                    |  |  |
|                  | Name of Building Owner:   |  |  |
|                  | Address of Building Owner (include City, State, Zip Code):            |  |  |
| <b>Section C</b> | Number of Machines:   | Do you own these machines? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, enclose additional \$20.00 per machine.<br>If no, list name of distributor: |  |
|                  | Please indicate any other type of business conducted on the premises: |  |  |
|                  | <b>Full Name of corporation or limited liability company:</b>         |  |  |
|                  | <i>Agent:</i>   |  |  |
| <b>Section C</b> | Full Name (Last, First & Middle Initial):                             |  | Home Address (include City, State & Zip Code): |
|                  | Home Phone Number: (    )    -  |  | Date of Birth:                                 |
|                  |   |  | Length of Residency:                           |

OVER

|                        |   |   |
|------------------------|---|---|
| <b>Section C Cont.</b> | <i>President/Member</i>   | <i>Vice President/Member</i>                  |
|                        | Full Name (Last, First & Middle Initial):   | Full Name (Last, First & Middle Initial):     |
|                        | Home Address (include City, State, Zip Code):   | Home Address (include City, State, Zip Code): |
|                        | Length of residency:  | Length of residency:                          |
|                        | Home Phone Number: (    )       -   | Home Phone Number: (    )       -             |
|                        | Date of Birth:  | Date of Birth:                                |
| <b>Section C Cont.</b> | <i>Secretary/Member</i>   | <i>Treasurer/Member</i>                       |
|                        | Full Name (Last, First & Middle Initial):   | Full Name (Last, First & Middle Initial):     |
|                        | Home Address (include City, State, Zip Code):   | Home Address (include City, State, Zip Code): |
|                        | Length of residency:  | Length of residency:                          |
|                        | Home Phone Number: (    )       -   | Home Phone Number: (    )       -             |
|                        | Date of Birth:  | Date of Birth:                                |
| <b>Section D</b>       | Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list name of person(s), date, charge, and penalty:<br>_____<br>_____<br>_____<br>_____  |   |
|                        | <p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p><b>I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</b></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p> <p>_____<br/>Notary Public, State of Wisconsin</p> <p>My commission expires _____</p> |   |
|                        | <p>_____<br/>Individual/Agent of Corp or LLC/Partner</p> <p>_____<br/>President of Corp/Member of LLC/Partner</p> <p>_____<br/>Secretary of Corp/Add'l Members/Partner</p>  |   |

**Office Use Only:**

**Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ License #: \_\_\_\_\_ AD: \_\_\_\_\_ Granted: \_\_\_\_\_**